



032204

17707 U.S. PTO

**REISSUE PATENT APPLICATION TRANSMITTAL****ADDRESS TO:**

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attorney Docket No.	225011
Client Reference No.	E-133-1990/0-US-03
First Named Inventor	FLACK
Original Patent No.	6,114,397
Original Patent Issue Date (Month/Day/Year)	9/5/2000
Express Mail Label No.	EV 335717418 US

**APPLICATION FOR REISSUE OF:** ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(Check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Transmittal Form with Fee	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (If applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of Listed Documents
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (If applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (incorporated into Reissue Oath/Declaration)	12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized) 14. <input checked="" type="checkbox"/> Other: Offer to Surrender Patent

**Instructions for Calculating Claim Fees:**

If Total Claims In Patent is greater than 20, use Number Filed In Reissue Application minus Total Claims In Patent; if Claims In Patent is less than 20, use Number Filed In Reissue Application minus 20.

CLAIMS AS FILED - PART 1					
BASIC FEE					\$ 770.00
	CLAIMS IN PATENT	NUMBER FILED IN REISSUE APPLICATION	NUMBER EXTRA	RATE	
TOTAL CLAIMS	14	30	16	x\$18.00	\$ 288.00
INDEPENDENT CLAIMS	2	4	2	x\$86.00	\$ 172.00
Total of above calculations =					\$1,230.00
Reduction by 50% for filing by small entity =					(\$0.00)
TOTAL =					\$1,230.00

CLAIMS AS AMENDED - PART 2					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	
TOTAL CLAIMS	-			x\$18.00	\$
INDEPENDENT CLAIMS	-			x\$86.00	\$
Total of above calculations =					\$
Reduction by 50% for filing by small entity =					(\$ )
TOTAL =					\$

**REISSUE PATENT APPLICATION TRANSMITTAL**

Patent No. 6,114,397  
Attorney Docket No. 225011  
Client Ref. No. E-133-1990/0-US-03

18. ☒ Please charge my Deposit Account No. 12-1216 the amount indicated above. A duplicate copy of this sheet is enclosed.
19. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
20. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216:
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.

**21. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number: 23460  23460	<input type="checkbox"/> _____, Reg. No. _____ Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780 Telephone: (312) 616-5600 Facsimile: (312) 616-5700
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Name	John Kilyk, Jr., Reg. No. 30,763
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Signature	
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Date	March 22, 2004
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**Certificate of Mailing Under 37 CFR 1.10**

I hereby certify that this Reissue Patent Application Transmittal and all accompanying documents are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 on the date indicated below and is addressed to: Mail Stop Reissue, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

John Kilyk, Jr.		March 22, 2004
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Name of Person Signing	Signature	Date
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	Reissue of U.S. Patent No. 6,114,397
Flack et al.	Issued: September 5, 2000
Application No. Unassigned	Art Unit: Unassigned
Filed: Herewith	Examiner: Unassigned
Assigned to: The United States of America as represented by the Secretary of the Department of Health and Human Services	
For:	GOSSYPOL FOR THE TREATMENT OF CANCER

**OFFER TO SURRENDER PATENT**

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

THE UNITED STATES OF AMERICA, AS REPRESENTED BY THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, the owner of the entire right, title, and interest in the above-referenced United States Patent 6,114,397, hereby offers, upon allowance of the above-identified application for reissue, to surrender said patent.

Date: 3-19-04

By: Richard U. Rodriguez  
Richard U. Rodriguez, Reg. No. 45,980  
Supervisor, Cancer Group  
Office Of Technology Transfer  
National Institutes of Health  
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Rockville, MD 20852-3804  
US

The person whose signature appears above is authorized to sign this document on behalf of the assignee, inasmuch as the National Institutes of Health, Office of Technology Transfer, has been duly delegated responsibility for patent matters under the authority of DHHS Secretary Louis W. Sullivan's May 21, 1991, memorandum published in the Friday, June 7, 1991, Federal Register Notices at Vol. 56, Pages 26418-26419.